

Commonwealth of Kentucky Department for Medicaid Services Division of Program Quality & Outcomes

Access and Availability Dermatology Survey

Final Report April 2017

IPRO Corporate Headquarters Managed Care Department 1979 Marcus Avenue Lake Success, NY 11042-1002 phone: (516) 326-7767 fax: (516) 326-6177 www.ipro.org

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EXECUTIVE SUMMARY

In January 2017, Island Peer Review Organization (IPRO), on behalf of the Commonwealth of Kentucky, Department of Medicaid Services (DMS), initiated a survey to evaluate access to and availability of dermatologists participating with Medicaid managed care organizations (MCOs). Specifically, this project assessed the ability to contact dermatologists and make office hour appointments using a secret shopper survey methodology.

The survey was comprised of a total of 181 dermatologists. The project encompassed two types of calls: routine appointments and urgent appointments. At the time of this survey, there were five MCOs: Aetna Better Health, Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. Calls were made in February 2017.

Overall, 93.4% of the dermatologists for the routine calls and 92.2% of the dermatologists for the urgent calls were able to be contacted. After removing exclusions, 13.1% of the dermatologists for the routine calls and 7.9% of the dermatologists for the urgent calls were both able to be contacted and scheduled an appointment within the corresponding timeliness standards (i.e., 30 days and 48 hours, respectively).

INTRODUCTION

The EQRO scope of work includes the requirement to administer a survey to evaluate network provider availability and access. The access and availability survey is conducted to ensure that MCOs' provider networks are following the Medicaid Managed Care Participation Standards according to their contractual obligations. The MCO contracts state that routine services must be provided within 30 days and urgent care must be provided within 48 hours.

DMS monitors compliance with these standards. As the Kentucky external quality review organization (EQRO), for the fourth time, IPRO administered a telephone-based access and availability survey to ensure that Kentucky MCOs' provider networks are following the standard for office hour appointments. The first survey in 2014 was conducted with behavioral health specialists. The second survey in 2015 was conducted with primary care providers, pediatricians, and obstetricians/gynecologists. The third survey in 2016 was conducted with dentists. The current survey focuses on dermatologists.

METHODOLOGY

Sample Selection

In December 2016, each MCO submitted and electronic file to IPRO of their provider network data, used to populate their web directory. To conduct the survey, IPRO selected providers for each of the state's five MCOs at the time of the study: Aetna Better Health, Anthem Blue Cross and Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

The combined files contained a total of 390,790 records. IPRO excluded selected providers:

- Whose address was not in Kentucky or any of its bordering states,
- Missing critical data such as National Provider Identifier (NPI), phone number, and the PCP/Specialist field,
- With specialties that did not meet the criteria for the project,
- o With closed panels, and
- o Non-individual providers (e.g., hospitals, medical centers, and pharmacies).

After removing duplicate providers, the file contained 181 providers. Random sampling was not necessary and all 181 providers were included for the surveys.

The project comprised two types of calls. Across all plans, 91 calls were held for routine appointments and 90 calls were held for urgent appointments.

Conduct Telephone Surveys

A "secret shopper" methodology was used to conduct the phone calls. Surveyors were instructed to role-play as Medicaid managed care (MMC) members seeking care. Using scripted scenarios with clinical indicators that were developed by IPRO and approved by DMS, surveyors attempted to get appointments for care. **Appendix A** contains a list of the scenarios by call type. Note that the urgent scenarios were designed so that the provider would not tell the member to go to the ER immediately. Calls for the project were conducted in February 2017. At the outset, a pilot study with 10 dermatologists was conducted to test the survey protocol and scenarios. Five pilot cases were randomly selected for each call type.

The survey tool included data entry sheets (**Appendix B**) that were developed by IPRO and approved by DMS to capture any contact with a dermatologist's office, as well as a Microsoft Access database that was used for data collection. The data entry sheets were identical for routine and urgent calls. Different color paper was used for each of the two call types.

Experienced staff members at IPRO trained the temporary staff hired to conduct the surveys. Training materials included a manual describing the protocol for survey calls, including instructions as to how to handle various outcomes. A thorough review of the procedures, role-playing, and practice sessions were conducted for all surveyors prior to making actual calls for the survey. Surveyors were trained on how to record the details and results of each call on tracking forms.

To ensure quality control, the IPRO Project Manager monitored surveyors' calls on a random basis during survey administration. In addition, information captured on tracking forms was reviewed for consistency, completeness, and accuracy. Data entry was also monitored for accuracy.

Routine and Urgent Call Types

Surveyors made up to four attempts to contact a live staff person at each dermatologist office to complete the survey. For each subsequent attempt, surveyors called on different days and different times of the day to maximize contact with a live staff member. For each call made, surveyors documented the call date and time. If contact was not made with a live staff member, the surveyor documented the reason. Reporting options for no contact made included:

- No answer
- o On hold for > 10 minutes
- Answering machine/Voicemail system
- Answering service
- o Wrong telephone number
- Constant busy signal
- o Telephone company message, indicating phone number is out of order
- Number called was a residence or non-doctor business

If an answering machine was reached on the first attempt, surveyors noted the dermatologist site's office hours or alternate number and called back during the appropriate time.

If a live voice was reached, but an appointment could not be made, surveyors documented reasons for no appointment given. Reporting options for no appointment made included:

- o Provider not accepting new patients
- o Provider not a plan participant
- Provider practice is restricted to specialty care
- Provider required referral
- Provider required information that surveyor could not provide
- Staff not scheduling any appointments at this time
- o Staff required previous medical records before appointment can be made
- o Provider not at site and no alternate provider available
- Instructed to go to emergency room
- Must complete health form before appointment can be made

Surveyors requested the earliest possible appointment. If the named dermatologist at the site was unavailable, surveyors determined if there was an alternate dermatologist at the site and attempted to make an appointment with the alternate dermatologist. If an appointment was made with any dermatologist in the office, surveyors documented the appointment date and time.

RESULTS

A total of 91 routine calls and 90 urgent calls were across all plans. The results that follow are separated by call type. Note that all plan-specific rates should be interpreted with caution due to the small denominators for each plan.

Ability to Contact

The first measure of success in the access and availability study was to be able to contact a live voice at the dermatologists' offices. Calls were attempted up to four times for each dermatologist. **Table 1A** displays the results for the routine calls, and **Table 1B** displays the results for the urgent calls.

As seen in **Table 1A**, among the 91 dermatologists for routine calls, 85 (93.4%) were able to be contacted. Plan rates ranged from 83.3% to 100%. For urgent calls, 83 (92.2%) were able to be contacted, and rates ranged from 82.4% to 100% among plans (**Table 1B**).

Table 1A: Contact Made by Plan for Routine Calls

Plan	# Dermatologists Surveyed	# Contact Made	Contact Rate
Aetna Better Health	18	15	83.3%
Anthem Blue Cross Blue Shield Medicaid	17	15	88.2%
Humana-CareSource	20	19	95.0%
Passport Health Plan	17	17	100.0%
WellCare of Kentucky	19	19	100.0%
Total	91	85	93.4%

Table 1B: Contact Made by Plan for Urgent Calls

Plan	# Dermatologists Surveyed	# Contact Made	Contact Rate
Aetna Better Health	17	16	94.1%
Anthem Blue Cross Blue Shield Medicaid	17	14	82.4%
Humana-CareSource	21	18	85.7%
Passport Health Plan	16	16	100.0%
WellCare of Kentucky	19	19	100.0%
Total	90	83	92.2%

Table 2A displays the reasons that the 6 dermatologists in the routine category could not be contacted, while **Table 2B** displays the reasons that the 7 dermatologists in the urgent category could not be contacted.

Table 2A: Reasons Contact was Not Made for Routine Calls

Reason Not Able to Contact Dermatologists	n	%
Telephone company message phone out of order	3	50.0%
Answering machine/Voice mail system*	1	16.7%
Wrong telephone number	1	16.7%
No answer*	1	16.7%
Number called was a residence or non-doctor business	0	0.0%
Constant busy signal*	0	0.0%
Put on hold > 10 minutes*	0	0.0%
Answering service*	0	0.0%
Total	6	100.0%

^{*} These calls occurred on the 4th attempt, since these reasons required multiple attempts.

Table 2B: Reasons Contact was Not Made for Urgent Calls

Reason Not Able to Contact Dermatologists	n	%
Answering machine/Voice mail system*	2	28.6%
Constant busy signal*	2	28.6%
Telephone company message phone out of order	1	14.3%
Wrong telephone number	1	14.3%
Number called was a residence or non-doctor business	1	14.3%
No answer*	0	0.0%
Put on hold > 10 minutes*	0	0.0%
Answering service*	0	0.0%
Total	7	100.0%

^{*} These calls occurred on the 4th attempt, since these reasons required multiple attempts.

Exclusions

Calls were excluded from the remainder of the analyses when the dermatologist required information, such as MCO membership identification (ID) number, which the surveyor could not provide. These dermatologists were excluded to avoid penalizing plans due to the fact that the surveyor was not able to provide information, such as name and Medicaid ID number while speaking to the dermatologists' office on the call.

Among the 91 dermatologists in the study for routine calls, 7 dermatologists were excluded, resulting in 84 dermatologists available for the remaining analyses. Among the 90 dermatologists in the study for urgent calls, 1 dermatologist was excluded, resulting in 89 dermatologists available for the remaining analyses.

Appointment Made

For routine calls, among the 78 dermatologists retained for analysis and able to be contacted, an appointment was made for 26 dermatologists (33.3%; **Table 3A**). Plan rates varied widely from 11.8% for Passport Health Plan to 50.0% for Aetna Better Health.

Among these 26 appointments, 11 (42.3%) met the timeliness standard of an appointment scheduled within 30 days of the call, despite the surveyor's attempt to make an earlier appointment (data not shown).

Table 3A: Appointment Made by Plan for Routine Calls

Plan	Dermatologists Contacted	Appointment Made	Rate
Aetna Better Health	14	7	50.0%
Anthem Blue Cross Blue Shield Medicaid	11	2	18.2%
Humana-CareSource	17	8	47.1%
Passport Health Plan	17	2	11.8%
WellCare of Kentucky	19	7	36.8%
Total	78	26	33.3%

For urgent calls, among the 82 dermatologists able to be contacted, an appointment was made for 21 dermatologists (25.6%; **Table 3B**). Plan rates varied widely from 12.5% for Passport Health Plan to 35.7% for Anthem Blue Cross Blue Shield Medicaid.

Among these 21 appointments, 7 (33.3%) met the timeliness standard of an appointment scheduled within 48 hours of the call, despite the surveyor's attempt to make an earlier appointment (data not shown).

Table 3B: Appointment Made by Plan for Urgent Calls

Plan	Dermatologists Contacted	Appointment Made	Rate
Aetna Better Health	16	5	31.3%
Anthem Blue Cross Blue Shield Medicaid	14	5	35.7%
Humana-CareSource	17	5	29.4%
Passport Health Plan	16	2	12.5%
WellCare of Kentucky	19	4	21.1%
Total	82	21	25.6%

Timeliness Standard

Table 4A displays the compliance rate for each plan among the 84 dermatologists for analysis for routine calls. Only 13.1% of the 84 dermatologists were able to be contacted and scheduled an appointment within 30 days. Plan compliance rates ranged from 0% to 22.2%.

Table 4A: Compliance by Plan for Routine Calls

Plan	Dermatologists Surveyed	Appointments within 30 days	Compliance Rate
Aetna Better Health	17	0	0.0%
Anthem Blue Cross Blue Shield Medicaid	13	2	15.4%
Humana-CareSource	18	4	22.2%
Passport Health Plan	17	1	5.9%
WellCare of Kentucky	19	4	21.1%
Total	84	11	13.1%

Table 4B displays the compliance rate for each plan among the 89 dermatologists for analysis for urgent calls. Only 7.9% of the 89 dermatologists were able to be contacted and scheduled an appointment within 48 hours. Plan compliance rates ranged from 0% to 17.6%. Among the 21 appointments made, 10 (47.6%) were scheduled within 10 days (data not shown).

Table 4B: Compliance by Plan for Urgent Calls

Plan	Dermatologists Surveyed	Appointments within 48 hours	Compliance Rate
Aetna Better Health	17	0	0.0%
Anthem Blue Cross Blue Shield Medicaid	17	3	17.6%
Humana-CareSource	20	1	5.0%
Passport Health Plan	16	2	12.5%
WellCare of Kentucky	19	1	5.3%
Total	89	7	7.9%

As shown in **Table 5A**, among the 84 dermatologists for the routine calls, an appointment could not be made with 52 dermatologists. The most common reason was that the dermatologist required a referral, accounting for 18 appointments not made. The second most common reason was that the dermatologist was not a plan participant. An additional 8 appointments were not made because the dermatologist was not at the site and no alternative dermatologist was available.

Table 5A: Reasons Appointment Not Made for Routine Calls

Reason Appointment Not Made	n	%
Provider required referral	18	34.6%
Provider not a plan participant	16	30.8%
Provider not at site and no alternative provider available	8	15.4%
Provider practice restricted to specialty care	5	9.6%
Provider not accepting new patients	4	7.7%
Staff not scheduling any appointments at this time	1	1.9%
Must complete health questionnaire before appointment can be made	0	0.0%
Staff required previous medical records	0	0.0%
Instructed to go to emergency room	0	0.0%
Total	52	100.0%

As shown in **Table 5B**, among the 89 dermatologists for the urgent calls, an appointment could not be made with 61 dermatologists. The most common reasons were that staff were not scheduling appointments at this time, the dermatologist was not at the site and no alternative dermatologist was available, the dermatologist was not a plan participant, the dermatologist was not accepting new patients, and the dermatologist's practice was restricted to specialty care. Examples of dermatologists' practices restricted to specialty care were: surgery, primary care, cancer, and laboratory.

Table 5B: Reasons Appointment Not Made for Urgent Calls

Reason Appointment Not Made	n	%
Staff not scheduling any appointments at this time	14	23.0%
Provider not at site and no alternative provider available	12	19.7%
Provider not a plan participant	11	18.0%
Provider not accepting new patients	9	14.8%
Provider practice restricted to specialty care	8	13.1%
Instructed to go to emergency room	4	6.6%
Provider required referral	3	4.9%
Must complete health questionnaire before appointment can be made	0	0.0%
Staff required previous medical records	0	0.0%
Total	61	100.0%

Table 6 presents a summary of the call dispositions of the 91 dermatologists surveyed for routine calls and 90 surveyed for urgent calls (including the exclusions), and provides the reasons for no contact made and for no appointment made, as well as the number of appointments made. Results were similar for both types of calls. As expected, among dermatologists with whom an appointment was made, routine calls were slightly more likely than urgent calls to meet the timeliness standards (i.e., 30 days for routine and 48 hours for urgent calls).

Across both call types combined, 7% of the calls resulted in no contact made, 67% resulted in contact made but no appointment, 16% resulted in an appointment made outside the timeframe of the appointment standards, and 10% resulted in an appointment within the timeliness standards.

Table 6: Summary of Call Dispositions for Routine and Urgent Calls

Call Disposition	Routine	Urgent
No Contact Made – Reasons		
Answering machine/Voice mail system	1	2
Telephone company message phone out of order	3	1
Wrong telephone number	1	1
Number called was a residence or non-doctor business	0	1
No answer	1	0
Constant busy signal	0	2
Put on hold > 10 minutes	0	0
Answering service	0	0
Total	6	7
Contact Made but No Appointment Made – Reasons		
Provider not a plan participant	16	11
Provider practice restricted to specialty care	5	8
Provider not accepting new patients	4	9
Provider not at site and no alternative provider available	8	12
Provider required information that surveyor could not provide	7	1
Staff not scheduling any appointments at this time	1	14
Must complete health questionnaire before appointment can be made	0	0
Staff required previous medical records	0	0
Provider required referral	18	3
Instructed to go to emergency room	0	4
Total	59	62
Contacted and Appointment Made Outside Timeframe	15	14
Contacted and Appointment Made Within Timeframe	11	7
Total Calls	91	90

LIMITATIONS

One limitation of this study is that several phone numbers were included multiple times in the study, even though they corresponded to different dermatologists. As mentioned previously, the provider file was de-duplicated, but dermatologists often share the same phone numbers with other dermatologists. IPRO's sampling method attempted to minimize duplication of phone numbers as much as possible. Note that some of the issues identified in this survey may be limited to certain phone numbers. Therefore, the counts for some of the reasons that providers were not contacted or appointments were not made may be higher than if only unique phone numbers had been surveyed.

CONCLUSIONS

The overall compliance rates of 13.1% and 7.9% for routine and urgent calls, respectively, are substantially below what would be expected. Approximately 7% of the surveyed dermatologists could not be contacted among routine and urgent calls. The major issue identified was that 67% were able to be contacted, but no appointment was made.

IPRO recommends that DMS work with the MCOs to increase contact and appointment rates for dermatologists. It is important for members to be able to access dermatologists and obtain appointments with dermatologists.

NEXT STEPS

IPRO will prepare a listing for each MCO that will include:

- o Dermatologists who could not be contacted and reasons
- Dermatologists where no appointment could be made and reasons
- Dermatologists who offered appointments that were not within the correct time frame
- Dermatologists who offered timely, compliant appointments.

Plans will receive 30 days to review the files and submit explanations regarding the contacts and appointments that were not made.

After receiving the MCO explanations, IPRO will produce a summary report categorizing the responses. The report will be itemized by MCO. Also, MCOs will be instructed to update their provider systems to ensure that these dermatologists are correctly reported in their provider directory files.

Appendix A: Scenarios by Call Type

Code	Routine Appointment Scenarios
G1	My eczema cream doesn't seem to be as effective as it used to be, and I would like to talk to the doctor about maybe a different brand or stronger cream? (using Cloderm Cream, Generic name is 0.1% clocortolone pivalate)
G2	The doctor said I should have an annual full body check since he removed a mole last year. I want to schedule that. (Follow-up questionsWell they said the mole wasn't cancer, but they said I should come in every year anyway since I have so many moles).
G3	I have these like red lines around my nose and on my cheeks that get worse when it's cold. I think it's called something like "rose-a-sha" and I want to see if there's a medication or cream that will help.
G4	My prescription for my ACNE antibiotic is almost empty. Last time I called for a refill, I was told that next time I would have to come in for a visit before the prescription can be refilled, so I guess I need to schedule a visit.
G5	My child's prescription for their ACNE antibiotic is almost empty. Last time I called for a refill, I was told that they would have to come in for a visit before the prescription can be refilled, so I guess I need to schedule a visit.
Code	Urgent Appointment Scenarios
Code H1	Urgent Appointment Scenarios I woke up this morning with a rash on my chest and stomach and I need to see the doctor. (Follow-up—no I don't have a fever or vomiting or anything else, just the rash).
	I woke up this morning with a rash on my chest and stomach and I need to see the
H1	I woke up this morning with a rash on my chest and stomach and I need to see the doctor. (Follow-up—no I don't have a fever or vomiting or anything else, just the rash). I am having a flare-up of my psoriasis—I think I might need to go back on a steroid pill. Now I am just using the cream (Diprolene Cream AF, 0.05%, generic name is Betamethasone dipropionate) and I am having trouble controlling the patches of
H1 H2	I woke up this morning with a rash on my chest and stomach and I need to see the doctor. (Follow-up—no I don't have a fever or vomiting or anything else, just the rash). I am having a flare-up of my psoriasis—I think I might need to go back on a steroid pill. Now I am just using the cream (Diprolene Cream AF, 0.05%, generic name is Betamethasone dipropionate) and I am having trouble controlling the patches of psoriasis on my elbows. I stayed in a hotel on vacation, and now I have itchy red bumps on my legs and arms, and I am wondering if I got bedbugs? (Follow-up, no I don't have any other symptoms,

Appendix B: Call Sheets

2017 PROVIDER ACCESS AND AVAILABILITY STUDY Dermatology Providers ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET

Surveyor Last Name	Plan Name:		Scenario ID: Phone:
Provider Name:	Provider Category:		y:
Address:			Sample ID:
CALL 1: DATE	/	_/	TIME:/ AM/PM
1. Able to make contact: [] Yes [] No (Go to Part A) 2. Able to make appt: [] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider [] Alternate Provider 4. Appt Date: —/ Appt Time —:AN 5. Appt within 30 days of call: [] Yes (Go to #7) [] No 6. Attempt to make earlier appt: [] Yes [] No			PART A - Reason No Contact Made [] No answer * [] Put on hold >10 min * [] Answering machine/Voice mail system * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business * PART B - Reason No Appt Made [] Provider not accepting new patients (closed panel) [] Provider practice is restricted to specialty care
7. Contact person's name *Remember to Cancel Appointmen			 Provider not at site and no alternative provider available Instructed to go to Emergency Room Patient must complete health form before appointment can be made
CALL 2: DATE	/	_/_	TIME:/ AM/PM PART A - Reason No Contact Made
 Able to make contact: [] Yes [] No (Go to Part A) Able to make appt: [] Yes [] No (Go to #7 Then to Part B) Appt with: [] Designated Provider 			No answer * Put on hold >10 min * Answering machine/Voice mail system * Answering Service * Wrong telephone number New #* Constant busy signal * Telephone company message indicating phone out of order * Number called was a residence or non-doctor business *
[] Alternate Provider			PART B - Reason No Appt Made
 Appt Date:// Appt Time:AN Appt within 30 days of call: [] Yes (Go to #7) [] No Attempt to make earlier appt: [] Yes [] No Contact person's name *Remember to Cancel Appointmen 			 Provider not accepting new patients (closed panel) Provider not a plan participant Provider practice is restricted to specialty care Specialty:
*Remember to Cancel Appointmen			
Appointment cancelled? [] Yes [] N	lo	Initials .	·

2017 PROVIDER ACCESS AND AVAILABILITY STUDY Dermatology Providers ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET

CALL 3: DATE//_	TIME:/ AM/PM			
	PART A - Reason No Contact Made			
1. Able to make contact:	[] No answer *			
[]Yes []No (Go to Part A)	[] Put on hold >10 min * [] Answering machine/Voice mail system *			
2. Able to make appt:	[] Answering Service *			
[] Yes [] No (Go to #7 Then to Part B)	[] Wrong telephone number New #*			
3. Appt with:	[] Constant busy signal *			
[] Designated Provider	[] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business *			
[] Alternate Provider				
4 Appt Date: / Appt Time . AM/DM	PART B - Reason No Appt Made			
4. Appt Date:/ Appt Time:AM/PM	[] Provider not accepting new patients (closed panel)			
5 A 1 311 00 L 6 H	[] Provider not a plan participant			
5. Appt within 30 days of call: [] Yes (Go to #7) [] No	[] Provider practice is restricted to specialty care			
	Specialty:			
6. Attempt to make earlier appt:	[] Provider required info that surveyor could not provide			
[]Yes []No	Info requested: [] Staff not scheduling any appointments at this time			
7. Contact person's name	[] Staff not scheduling any appointments at this time[] Staff required previous medical records			
7. Contact person 3 hanc	[] Provider not at site and no alternative provider available			
*D	[] Instructed to go to Emergency Room			
Remember to Cancel Appointment	[] Patient must complete health form before appointment can be made			
CALL 4: DATE/ TIME:/ AM/PM				
1 Able to make contact.	PART A - Reason No Contact Made			
 Able to make contact:] Yes] No (Go to Part A) 	[] No answer *			
[] (55.6.4.7.9	I [] Dut on hold > 10 min *			
	[] Put on hold >10 min *			
2. Able to make appt:	[] Answering machine/Voice mail system *			
2. Able to make appt: [] Yes [] No (Go to #7 Then to Part B)	[] Answering machine/Voice mail system * [] Answering Service *			
[] Yes [] No (Go to #7 Then to Part B)	 [] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * 			
[] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider	 [] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * 			
[] Yes [] No (Go to #7 Then to Part B) 3. Appt with:	[] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business *			
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[] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider [] Alternate Provider 4. Appt Date:// Appt Time:AM/PM	[] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business * PART B - Reason No Appt Made			
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[] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider [] Alternate Provider 4. Appt Date:// Appt Time:AM/PM 5. Appt within 30 days of call: [] Yes (Go to #7) [] No 6. Attempt to make earlier appt:	[] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business *			
[] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider [] Alternate Provider 4. Appt Date:// Appt Time:AM/PM 5. Appt within 30 days of call: [] Yes (Go to #7) [] No	[] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business * PART B - Reason No Appt Made [] Provider not accepting new patients (closed panel) [] Provider not a plan participant [] Provider practice is restricted to specialty care			
[] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider [] Alternate Provider 4. Appt Date:// Appt Time:AM/PM 5. Appt within 30 days of call: [] Yes (Go to #7) [] No 6. Attempt to make earlier appt:	[] Answering machine/Voice mail system * [] Answering Service * [] Wrong telephone number New #* [] Constant busy signal * [] Telephone company message indicating phone out of order * [] Number called was a residence or non-doctor business * PART B - Reason No Appt Made [] Provider not accepting new patients (closed panel) [] Provider not a plan participant [] Provider practice is restricted to specialty care Specialty: [] Provider required referral [] Provider required info that surveyor could not provide Info requested: [] Staff not scheduling any appointments at this time [] Staff required previous medical records			
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FY 2017 PROVIDER ACCESS AND AVAILABILITY STUDY Dermatology Providers URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET

Surveyor Last Name	Plan Name:	Scenario ID:	Phone:
Provider Name:	Provider Category:		
Address:			Sample ID:
CALL 1: DATE		/	AM/PM
Able to make contact:			on No Contact Made
[] Yes [] No (Go to Part A) 2. Able to make appt: [] Yes [] No (Go to #7 Then to Part B) 3. Appt with: [] Designated Provider [] Alternate Provider [] Appt Date:// Appt Time:AM 5. Appt within 48 hours of call: [] Yes (Go to #7) [] No 6. Attempt to make earlier appt: [] Yes [] No 7. Contact person's name	/PM [] [] [] [] [] [] [] [] [] [] [] [] [] [Answering machine/Voice m Answering Service * Wrong telephone number of Constant busy signal * Telephone company messag Number called was a resider PART B - Rea Provider not accepting new perovider not a plan participal provider practice is restricted Specialty: Provider required referral	pe indicating phone out of order * nce or non-doctor business * son No Appt Made patients (closed panel) nt d to specialty care urveyor could not provide cointments at this time ical records ternative provider available
Remember to Cancel Appointment	. []	Patient must complete health	n form before appointment can be made
CALL 2: DATE	//		
 Able to make contact: [] Yes [] No (Go to Part A) Able to make appt: [] Yes [] No (Go to #7 Then to Part B) Appt with: [] Designated Provider 		No answer * Put on hold >10 min * Answering machine/Voice m Answering Service * Wrong telephone number I Constant busy signal *	New #* ge indicating phone out of order *
[] Alternate Provider			son No Appt Made
 4. Appt Date:// Appt Time:AM 5. Appt within 48 hours of call: [] Yes (Go to #7) [] No 6. Attempt to make earlier appt: [] Yes [] No 7. Contact person's name 	[] [] [] [] []	Provider practice is restricted Specialty: Provider required referral Provider required info that su Info requested: Staff not scheduling any app	nt d to specialty care urveyor could not provide ointments at this time ical records ternative provider available
Remember to Cancel Appointment	r 1		n form before appointment can be made
Appointment cancelled? [] Yes [] No	nitials		

FY 2017 PROVIDER ACCESS AND AVAILABILITY STUDY Dermatology Providers URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET

CALL 3: DATE//_	TIME:/ AM/PM			
	PART A - Reason No Contact Made			
1. Able to make contact:	[] No answer *			
[] Yes [] No (Go to Part A)	[] Put on hold >10 min *			
2. Able to make appt:	[] Answering machine/Voice mail system *[] Answering Service *			
[] Yes [] No (Go to #7 Then to Part B)	[] Wrong telephone number New #*			
	[] Constant busy signal *			
3. Appt with:	[] Telephone company message indicating phone out of order *			
[] Designated Provider [] Alternate Provider	[] Number called was a residence or non-doctor business *			
[] Alternate i Tovidei	PART B - Reason No Appt Made			
4. Appt Date:// Appt Time:AM/PM	[] Provider not accepting new patients (closed panel)			
	[] Provider not accepting new patients (closed panel)			
5. Appt within 48 hours of call:	[] Provider practice is restricted to specialty care			
[] Yes (Go to #7) [] No	Specialty:			
	[] Provider required referral			
6. Attempt to make earlier appt:	[] Provider required info that surveyor could not provide Info requested:			
[]Yes []No	Info requested: [] Staff not scheduling any appointments at this time			
7. Contact person's name	[] Staff required previous medical records			
	[] Provider not at site and no alternative provider available			
*D 1 0 14 14	[] Instructed to go to Emergency Room			
Remember to Cancel Appointment	[] Patient must complete health form before appointment can be made			
CALL 4: DATE/ TIME:/ AM/PM				
	PART A - Reason No Contact Made			
1. Able to make contact:	[] No answer *			
[] Yes [] No (Go to Part A)	Put on hold >10 min *			
2. Able to make appt:	Answering machine/Voice mail system *			
[] Yes [] No (Go to #7 Then to Part B)	[] Answering Service *			
	[] Wrong telephone number New #* [] Constant busy signal *			
3. Appt with:	[] Telephone company message indicating phone out of order *			
[] Designated Provider [] Alternate Provider	[] Number called was a residence or non-doctor business *			
[] Alternate Provider	PART B - Reason No Appt Made			
4. Appt Date:// Appt Time:AM/PM	[] Provider not accepting new patients (closed panel)			
	[] Provider not a plan participant			
5. Appt within 48 hours of call:	[] Provider practice is restricted to specialty care			
[] Yes (Go to #7) [] No	Specialty:			
[] (=:, []	[] Provider required referral			
6. Attempt to make earlier appt:	[] Provider required info that surveyor could not provide Info requested:			
[]Yes []No	[] Staff not scheduling any appointments at this time			
7 Contact percente pame	[] Staff required provious modical records			
	[] Staff required previous medical records			
7. Contact person's name	[] Provider not at site and no alternative provider available			
7. Contact person's name	Provider not at site and no alternative provider availableInstructed to go to Emergency Room			
Remember to Cancel Appointment	[] Provider not at site and no alternative provider available			